

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>Harper, Deborah A</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>6149</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):													
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>644 N Drake Ave 2nd Flr Chicago, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):													
ZIPCODE <b>60624-1359</b>				ZIPCODE													
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business:													
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):													
ZIPCODE				ZIPCODE													
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE											
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.													
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).													
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>											
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> 1-49</td><td style="text-align: center;"><input type="checkbox"/> 50-99</td><td style="text-align: center;"><input checked="" type="checkbox"/> 100-199</td><td style="text-align: center;"><input type="checkbox"/> 200-999</td><td style="text-align: center;"><input type="checkbox"/> 1,000-5,000</td><td style="text-align: center;"><input type="checkbox"/> 5,001-10,000</td><td style="text-align: center;"><input type="checkbox"/> 10,001-25,000</td><td style="text-align: center;"><input type="checkbox"/> 25,001-50,000</td><td style="text-align: center;"><input type="checkbox"/> 50,001-100,000</td><td style="text-align: center;"><input type="checkbox"/> Over 100,000</td></tr></table>								<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000			<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000						
Estimated Assets <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50,000,001 to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100,000,001 to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>								<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50,000,001 to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100,000,001 to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input checked="" type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Harper, Deborah A</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>Northern District Of IL</b>		Case Number: <b>03-40819</b>	Date Filed: <b>10/06/2003</b>
Location Where Filed: <b>Northern District Of IL</b>		Case Number: <b>05-04404</b>	Date Filed: <b>02/10/2005</b>
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X /s/ Derek Lofland</b> <b>1/25/08</b> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Harper, Deborah A</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Deborah A Harper</u> Signature of Debtor <b>Deborah A Harper</b>  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney) <b>January 25, 2008</b> Date		<b>Signature of a Foreign Representative</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  <b>X</b> _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Derek Lofland</u> Signature of Attorney for Debtor(s) <b>Derek Lofland 6280490</b> Printed Name of Attorney for Debtor(s) <b>Gleason &amp; Gleason</b> Firm Name <b>77 W Washington, Ste 1218</b> Address <b>Chicago, IL 60602</b>  _____ Telephone Number <b>January 25, 2008</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b>  I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address    <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:    If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

IN RE:

Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **556.00**

Prior to the filing of this statement I have received ..... \$ **271.00**

Balance Due ..... \$ **285.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Litigation/Adversary Proceedings**  
**Motions to Redeem \$400.00**  
**Credit Education Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**January 25, 2008**

Date

**/s/ Derek Lofland**

Signature of Attorney

**Gleason & Gleason**

Name of Law Firm

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Harper, Deborah A**  
\_\_\_\_\_  
Printed Name(s) of Debtor(s)

**X /s/ Deborah A Harper**  
\_\_\_\_\_  
Signature of Debtor

**1/25/2008**  
\_\_\_\_\_  
Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Joint Debtor (if any) \_\_\_\_\_  
Date

IN RE:

Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Deborah A Harper

Date: January 25, 2008

IN RE:

Case No. \_\_\_\_\_

Harper, Deborah A

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	2	\$ 4,261.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	35		\$ 286,597.86	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,099.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 3,130.00
TOTAL		46	\$ 4,261.00	\$ 286,597.86	



IN RE:

Case No. \_\_\_\_\_

Harper, Deborah A

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 3,099.00
Average Expenses (from Schedule J, Line 18)	\$ 3,130.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 3,257.33

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 286,597.86
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 286,597.86

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE Harper, Deborah A

Document

Page 11 of 69

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on Hand</b>		<b>50.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking account w/ US Employee Credit Union</b>		<b>5.00</b>
		<b>Savings account w/ US Employee Credit Union</b>		<b>75.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Misc. Household Goods</b>		<b>950.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, Pictures, Cds, and Other Collectibles</b>		<b>150.00</b>
6. Wearing apparel.		<b>Used Clothing</b>		<b>200.00</b>
7. Furs and jewelry.		<b>Misc. Costume Jewelry</b>		<b>50.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term life through previous employer - no cash value</b>		<b>0.00</b>
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>Pension w/ Former Employer - Receives \$1800.00 / month - 100% Exempt</b>		<b>0.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Harper, Deborah A

Case No.

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>	<b>Estimated 2006 Federal Income Tax Refund</b>		<b>2,031.00</b>
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.				
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>	<b>1990 Chevy Lumina</b>		<b>750.00</b>
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.				
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>4,261.00</b>

IN RE Harper, Deborah A

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking account w/ US Employee Credit Union	735 ILCS 5 §12-1001(b)	5.00	5.00
Savings account w/ US Employee Credit Union	735 ILCS 5 §12-1001(b)	75.00	75.00
Misc. Household Goods	735 ILCS 5 §12-1001(b)	950.00	950.00
Books, Pictures, Cds, and Other Collectibles	735 ILCS 5 §12-1001(b)	150.00	150.00
Used Clothing	735 ILCS 5 §12-1001(a)	200.00	200.00
Misc. Costume Jewelry	735 ILCS 5 §12-1001(b)	50.00	50.00
Estimated 2006 Federal Income Tax Refund	735 ILCS 5 §12-1001(b)	2,031.00	2,031.00
	735 ILCS 5 §§12-1001(g)(1),(2),(3)	2,031.00	
1990 Chevy Lumina	735 ILCS 5 §12-1001(c)	750.00	750.00
	735 ILCS 5 §12-1001(d)	2,400.00	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 28800275 Aarow Financial Services 5996 W Touhy Ave Niles, IL 60714-4610		Open account opened 2/05				689.00
ACCOUNT NO. 24371856 Allied Int 300 Corporate Exch Columbus, OH 43231		Open account opened 12/05				65.00
ACCOUNT NO. 329570 American Credit Educators 2000 S Colorado Blvd Denver, CO 80222-7900		2/2003				5.00
ACCOUNT NO. SCA3295705 American Fair Credit 2000 S Colorado Blvd Denver, CO 80222-7900		Sept. 2002				25.00
Subtotal (Total of this page)						\$ 784.00
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 00000000002827262 <b>Americas Recovery Network</b> <b>100 Crisler Ave Ste 202</b> <b>Crescent Springs, KY 41017-1639</b>		<b>Installment account opened 2/02</b>				<b>95.00</b>
ACCOUNT NO. 342952-H <b>Argent Healthcare Financial Service, Inc</b> <b>PO Box 33889</b> <b>Chicago, IL 60659</b>		<b>Aug 2004</b>				<b>438.56</b>
ACCOUNT NO. 1001993447 <b>Armor Systems Co</b> <b>1700 Kiefer Dr Ste 1</b> <b>Zion, IL 60099-5105</b>		<b>Open account opened 7/06</b>				<b>1,290.00</b>
ACCOUNT NO. 5181870006079590 <b>Aspen/fb And T</b> <b>245 Perimeter Center Pk</b> <b>Atlanta, GA 30346</b>		<b>Revolving account opened 12/06</b>				<b>335.00</b>
ACCOUNT NO. 15-8564013 <b>AT &amp; T</b> <b>PO Box 806</b> <b>Norwell, MA 02061-0806</b>						<b>407.18</b>
ACCOUNT NO. 2888 <b>At&amp;T Broadband</b> <b>13355 Noel Rd</b> <b>Dallas, TX 75240-6602</b>		<b>6/1/02</b>				<b>776.00</b>
ACCOUNT NO. <b>Credit Protection Assoc</b> <b>13355 Noel Rd Ste 2100</b> <b>Dallas, TX 75240-6837</b>		<b>Assignee or other notification for:</b> <b>At&amp;T Broadband</b>				

Sheet no. 1 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,341.74**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>479429</b> <b>Bally Total Fitness</b> <b>12440 Imperial Hwy Ste 3</b> <b>Norwalk, CA 90650-3177</b>		<b>April 1990</b>				<b>720.00</b>
ACCOUNT NO. <b>Check Plus Systems</b> <b>PO Box 33698</b> <b>San Antonio, TX 78278-2408</b>						<b>178.45</b>
ACCOUNT NO. <b>009208</b> <b>Chicago OTU Head And Neck Surgery</b> <b>25 E Washington St Ste 820</b> <b>Chicago, IL 60602-1700</b>		<b>8/13/01</b>				<b>15.00</b>
ACCOUNT NO. <b>085016</b> <b>Chicago Sun-Times</b> <b>350 N Orleans St</b> <b>Chicago, IL 60654-1975</b>		<b>7/7/05</b>				<b>26.67</b>
ACCOUNT NO. <b>1-0006189491</b> <b>Chicago-Hamlin Family Practice</b> <b>641 E Butterfield Rd Ste 407</b> <b>Lombard, IL 60148-5605</b>		<b>8/10/03</b>				<b>82.00</b>
ACCOUNT NO. <b>6380441</b> <b>Chicago-Hamlin Family Practice</b> <b>3700 W Chicago Ave</b> <b>Chicago, IL 60651-3820</b>						<b>18.04</b>
ACCOUNT NO. <b>093-1-0000189491</b> <b>Chicago-Hamlin Family Practice</b> <b>641 E Butterfield Rd Ste 407</b> <b>Lombard, IL 60148-5605</b>		<b>9/2003</b>				<b>16.11</b>

Sheet no. 2 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,056.27**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>002-50117</b> <b>Chicagoland Emergency Phys</b> <b>PO Box 46249</b> <b>Chicago, IL 60646-0249</b>		<b>4/26/04</b>				<b>798.04</b>
ACCOUNT NO. <b>CitiFinancial Mortgage</b> <b>4050 Regent Blvd</b> <b>Irving, TX 75063-2246</b>						<b>1,063.00</b>
ACCOUNT NO. <b>66116460</b> <b>City Of Chicago</b>		<b>Dec 2005</b>				<b>366.00</b>
ACCOUNT NO. <b>P.R.T.</b> <b>PO Box 450279</b> <b>Fort Lauderdale, FL 33345-0279</b>		<b>Assignee or other notification for:</b> <b>City Of Chicago</b>				
ACCOUNT NO. <b>City Of Chicago</b> <b>33589 Treasury</b> <b>Chicago, IL 60694-3500</b>						<b>88.50</b>
ACCOUNT NO. <b>PRT</b> <b>PO Box 450279</b> <b>Fort Lauderdale, FL 33345-0279</b>		<b>Assignee or other notification for:</b> <b>City Of Chicago</b>				
ACCOUNT NO. <b>661-59278</b> <b>City Of Chicago - Dept. Of Revenue</b> <b>33589 Treasury Center</b> <b>Chicago, IL 60694-3500</b>		<b>Oct. 2004</b>				<b>258.00</b>

Sheet no. 3 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **2,573.54**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>West Suburban, Oak Park</b>		<b>Assignee or other notification for: City Of Chicago - Dept. Of Revenue</b>				
ACCOUNT NO. <b>66304040</b> <b>City Of Chicago - EMS Revenue PO Box 805030 Chicago, IL 60680-4111</b>		<b>July 2005</b>				<b>291.00</b>
ACCOUNT NO. <b>West Suburban Hospital 34124 Eagle Way Chicago, IL 60678-1341</b>		<b>Assignee or other notification for: City Of Chicago - EMS</b>				
ACCOUNT NO. <b>01MI-611511</b> <b>City Of Chicago Municipal Corp</b>		<b>6/15/99</b>				<b>1,050.00</b>
ACCOUNT NO. <b>Goldman &amp; Grant 134 N Lasalle St # 1717 Chicago, IL 60602-1086</b>		<b>Assignee or other notification for: City Of Chicago Municipal Corp</b>				
ACCOUNT NO. <b>30904</b> <b>Coll R &amp; C Bur 5834 Monroe St Sylvania, OH 43560-2267</b>						<b>195.00</b>
ACCOUNT NO. <b>Telecash Intern</b>		<b>Assignee or other notification for: Coll R &amp; C Bur</b>				

Sheet no. **4** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,536.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3890328054</b> <b>Com Ed</b> <b>Bill Payment Ctr</b> <b>Chicago, IL 60668-0001</b>						<b>6,527.69</b>
ACCOUNT NO. <b>00MI-605100</b> <b>County Of Cook</b> <b>500 Richard Daley Center</b>		<b>10/2000</b>				<b>202.74</b>
ACCOUNT NO. <b>Cook County State Attorney</b> <b>500 Richard Daley Center</b>		<b>Assignee or other notification for:</b> <b>County Of Cook</b>				
ACCOUNT NO. <b>625282888</b> <b>Crd Prt Asso</b> <b>13355 Noel Rd</b> <b>Dallas, TX 75240-6602</b>		<b>Open account opened 12/01</b>				<b>264.00</b>
ACCOUNT NO. <b>06-012290061</b> <b>Credit Collection Services</b> <b>PO Box 55126</b> <b>Boston, MA 02205-5126</b>						<b>108.50</b>
ACCOUNT NO. <b>AllState Insurance</b>		<b>Assignee or other notification for:</b> <b>Credit Collection Services</b>				
ACCOUNT NO. <b>307551745901</b> <b>Dependon Collection Se</b> <b>7627 Lake St Ste 210</b> <b>River Forest, IL 60305-1878</b>		<b>Open account opened 6/06</b>				<b>763.00</b>

Sheet no. 5 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,865.93**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 307551402214 Dependon Collection Se 7627 Lake St Ste 210 River Forest, IL 60305-1878		Open account opened 9/03				260.00
ACCOUNT NO. 307551682036 Dependon Collection Se 7627 Lake St Ste 210 River Forest, IL 60305-1878		Open account opened 12/05				200.00
ACCOUNT NO. 307551682037 Dependon Collection Se 7627 Lake St Ste 210 River Forest, IL 60305-1878		Open account opened 12/05				200.00
ACCOUNT NO. 29849 Dinak-Ahomka-Lindsay 7700 Madison St River Forest, IL 60305-2102		4/7/01				65.00
ACCOUNT NO. 6414676 Dr. Acezr-Leynes 1375 E Woodfield Rd Ste 110 Schaumburg, IL 60173-5423						205.17
ACCOUNT NO. Osi Collection PO Box 959		Assignee or other notification for: Dr. Acezr-Leynes				
ACCOUNT NO. 6858 Dr. Joseph A. La Spisn 675 N. North #40 Melrose Park, IL 60160		3/1/99				54.20

Sheet no. 6 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$**984.37**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>161542-338</b> <b>Duns Demand</b> <b>PO Box 5472</b> <b>Mount Laurel, NJ 08054-5472</b>		<b>11/3/05</b>				<b>44.00</b>
ACCOUNT NO. <b>Exelon ComEd</b> <b>4839 N Elston Ave</b> <b>Chicago, IL 60630-2534</b>						<b>235.00</b>
ACCOUNT NO. <b>Harvard Collection Services</b> <b>4839 N Elston Ave</b> <b>Chicago, IL 60630-2534</b>		<b>Assignee or other notification for:</b> <b>Exelon ComEd</b>				
ACCOUNT NO. <b>N1103001-4</b> <b>Family Readers Services</b> <b>PO Box 1469</b> <b>Elyria, OH 44036-1469</b>		<b>6/2007</b>				<b>781.20</b>
ACCOUNT NO. <b>004394239</b> <b>First National Bank Of Marin</b> <b>1699 Wall Street</b> <b>Las Vegas, NV 89193-8873</b>		<b>11/04</b>				<b>649.05</b>
ACCOUNT NO. <b>ARS</b> <b>1699 Wall St</b> <b>Mt Prospect, IL 60056-6213</b>		<b>Assignee or other notification for:</b> <b>First National Bank Of Marin</b>				
ACCOUNT NO. <b>543362873406</b> <b>First Premier Bank</b> <b>601 S Minnesota Ave</b> <b>Sioux Falls, SD 57104-4824</b>		<b>May 2001</b>				<b>583.00</b>

Sheet no. 7 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,292.25**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>F202126</b> <b>Fort Communication, Inc.</b> <b>PO Box 31607</b> <b>Chicago, IL 60631-0607</b>		<b>1/2004</b>				<b>111.82</b>
ACCOUNT NO. <b>0000831248</b> <b>Gottie B. Community Health</b> <b>PO Box 74875</b> <b>Chicago, IL 60694-4875</b>		<b>2/16/99</b>				<b>319.00</b>
ACCOUNT NO. <b>14943</b> <b>Guideposts</b> <b>PO Box 856</b> <b>Carmel, NY 10512-0856</b>		<b>12/05/03</b>				<b>10.94</b>
ACCOUNT NO. <b>21598758464460000</b> <b>H And F Law</b> <b>33 N Lasalle St Ste 1200</b> <b>Chicago, IL 60602-3415</b>		<b>Open account opened 7/03</b>				<b>317.00</b>
ACCOUNT NO. <b>85266442500008091</b> <b>H And F Law</b> <b>33 N Lasalle St Ste 1200</b> <b>Chicago, IL 60602-3415</b>		<b>Open account opened 7/03</b>				<b>90.00</b>
ACCOUNT NO. <b>85266442500008071</b> <b>H And F Law</b> <b>33 N Lasalle St Ste 1200</b> <b>Chicago, IL 60602-3415</b>		<b>Open account opened 7/03</b>				<b>63.00</b>
ACCOUNT NO. <b>6000971</b> <b>Harvard Coll</b> <b>4839 N Elston Ave</b> <b>Chicago, IL 60630-2534</b>		<b>Open account opened 7/02</b>				<b>235.00</b>

Sheet no. **8** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **1,146.76**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

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IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>200328316 / 8526694250</b> <b>Heller &amp; Frisone</b> <b>33 N Lasalle St Ste 1200</b> <b>Chicago, IL 60602-3415</b>		<b>July 2003</b>				<b>178.49</b>
ACCOUNT NO. <b>Jewel Food Stores</b>		<b>Assignee or other notification for: Heller &amp; Frisone</b>				
ACCOUNT NO. <b>1868002</b> <b>Horizon Emergency Medical Physicians Gro</b> <b>725 S Wells St</b> <b>Chicago, IL 60607-4521</b>		<b>Feb 2007</b>				<b>387.00</b>
ACCOUNT NO. <b>MCS Collections, Inc</b> <b>725 S Wells St Ste 501</b> <b>Chicago, IL 60607-4516</b>		<b>Assignee or other notification for: Horizon Emergency Medical Physicians Gro</b>				
ACCOUNT NO. <b>1868002</b> <b>Horizon Emergency Medicine</b> <b>725 S Wells St</b> <b>Chicago, IL 60607-4521</b>		<b>Jan, 2007</b>				<b>387.00</b>
ACCOUNT NO. <b>Medical Collections</b> <b>725 S Wells St Ste 700</b> <b>Chicago, IL 60607-4578</b>		<b>Assignee or other notification for: Horizon Emergency Medicine</b>				
ACCOUNT NO. <b>440560030019</b> <b>Hsbc Nv</b> <b>Attn: Bankruptcy</b> <b>PO Box 19360</b> <b>Portland, OR 97280-0360</b>						<b>1,610.00</b>

Sheet no. 9 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **2,562.49**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9502099</b> <b>Ill Coll Svc</b> <b>4647 W 103rd St</b> <b>Oak Lawn, IL 60453-4779</b>		<b>Open account opened 12/06</b>				<b>912.00</b>
ACCOUNT NO. <b>9485455</b> <b>Ill Coll Svc</b> <b>4647 W 103rd St</b> <b>Oak Lawn, IL 60453-4779</b>		<b>Open account opened 12/06</b>				<b>282.00</b>
ACCOUNT NO. <b>94MI-120324</b> <b>Illinois Dept. Of Public Aid</b>		<b>May 1994</b>				<b>16,879.00</b>
ACCOUNT NO. <b>Robert Perlstein</b> <b>160 N Lasalle St Ste N1000</b> <b>Chicago, IL 60601-3118</b>		<b>Assignee or other notification for:</b> <b>Illinois Dept. Of Public Aid</b>				
ACCOUNT NO. <b>8071 / 8091</b> <b>Jewel Food Stores</b> <b>33 N Lasalle St Ste 1200</b> <b>Chicago, IL 60602-3415</b>		<b>10/1/03</b>				<b>153.00</b>
ACCOUNT NO. <b>7262</b> <b>K-Mart</b> <b>100 Crisler Ave</b> <b>Crescent Springs, KY 41017-1657</b>		<b>5/2007</b>				<b>95.00</b>
ACCOUNT NO. <b>America's Recovery Network</b>		<b>Assignee or other notification for:</b> <b>K-Mart</b>				

Sheet no. **10** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **18,321.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0000146936</b> <b>Loretto Hospital</b> <b>645 S Central Ave</b> <b>Chicago, IL 60644-5059</b>		<b>3/7/05</b>				<b>405.00</b>
ACCOUNT NO. <b>03985835</b> <b>Loyola Hospital</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>5/07/03</b>				<b>244.50</b>
ACCOUNT NO. <b>010910046228</b> <b>Loyola University Health Systems</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>1/2007</b>				<b>118.28</b>
ACCOUNT NO. <b>Nationwide Credit &amp; Collection</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>Assignee or other notification for:</b> <b>Loyola University Health Systems</b>				
ACCOUNT NO. <b>010910037754</b> <b>Loyola University Health Systems</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>8/2006</b>				<b>502.03</b>
ACCOUNT NO. <b>10395835</b> <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>6/9/03</b>				<b>620.31</b>
ACCOUNT NO. <b>39583511603</b> <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>July 2005</b>				<b>502.03</b>

Sheet no. 11 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,392.15**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3958351090-2</b> <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>7/2003</b>				<b>54.15</b>
ACCOUNT NO. <b>Great Lakes Financial Service</b> <b>322 S Green St</b> <b>Chicago, IL 60607-3555</b>		<b>Assignee or other notification for:</b> <b>Loyola University Medical Center</b>				
ACCOUNT NO. <b>3958351080-3</b> <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>7/2003</b>				<b>146.22</b>
ACCOUNT NO. <b>Great Lakes Financial Service</b> <b>322 S Green St</b> <b>Chicago, IL 60607-3555</b>		<b>Assignee or other notification for:</b> <b>Loyola University Medical Center</b>				
ACCOUNT NO. <b>039583510704</b> <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>12/02</b>				<b>238.00</b>
ACCOUNT NO. <b>0395835</b> <b>Loyola University Physician Foundation</b> <b>PO Box 98418</b> <b>Chicago, IL 60693-8418</b>		<b>8/12/03</b>				<b>30.00</b>
ACCOUNT NO. <b>6033028</b> <b>Loyola University Physicians</b>						<b>61.52</b>

Sheet no. **12** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **529.89**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>ICS Collection</b> <b>PO Box 646</b> <b>Oak Lawn, IL 60454-0646</b>		<b>Assignee or other notification for:</b> <b>Loyola University Physicians</b>				
ACCOUNT NO. <b>24849</b> <b>M3 Financial Services</b> <b>PO Box 802089</b> <b>Chicago, IL 60680-2089</b>		<b>Open account opened 6/03</b>				<b>151.00</b>
ACCOUNT NO. <b>28117943</b> <b>Macneal Hospital</b> <b>6804 Windsor</b> <b>Berwyn, IL 60402-3429</b>		<b>11/02/02</b>				<b>439.00</b>
ACCOUNT NO. <b>H0617111001</b> <b>Mail Handler</b> <b>PO Box 44242</b> <b>Jacksonville, FL 32231-4242</b>		<b>April 2002</b>				<b>243.02</b>
ACCOUNT NO. <b>MCALLISTER &amp; Assoc</b> <b>PO Box 59067</b> <b>Schaumburg, IL 60159-0067</b>						<b>374.00</b>
ACCOUNT NO. <b>MHI Collection</b>		<b>Assignee or other notification for:</b> <b>MCALLISTER &amp; Assoc</b>				
ACCOUNT NO. <b>8501563989</b> <b>MCM Capital Household</b> <b>5 Industrial Way</b> <b>Salem, NH 03079-4866</b>		<b>June 2006</b>				<b>1,668.96</b>

Sheet no. **13** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,875.98**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Boudreau &amp; Assoc.</b>		<b>Assignee or other notification for: MCM Capital Household</b>				
ACCOUNT NO. <b>Hc1933pp2</b> <b>Med Busi Bur</b> <b>1460 Renaissance D Suite 400</b> <b>Park Ridge, IL 60068</b>		<b>Open account opened 2/07</b>				<b>720.00</b>
ACCOUNT NO. <b>2811</b> <b>Medical</b> <b>Fact Act</b> <b>Suppression,</b>		<b>Open account opened 11/01</b>				<b>439.00</b>
ACCOUNT NO. <b>Medical</b> <b>1460 Renaissance Dr</b> <b>Park Ridge, IL 60068-1331</b>						<b>3,786.00</b>
ACCOUNT NO. <b>1868002</b> <b>Medical Collections Sy</b> <b>725 S Wells St Ste 700</b> <b>Chicago, IL 60607-4578</b>		<b>Installment account opened 8/06</b>				<b>387.00</b>
ACCOUNT NO. <b>8021896116</b> <b>Merchant's Credit Guide Co.</b> <b>Executive Office</b> <b>223 W Jackson Blvd Ste 900</b> <b>Chicago, IL 60606-6912</b>						<b>140.00</b>
ACCOUNT NO. <b>6009750256949684</b> <b>Merchants Credit Guide Co.</b> <b>Executive Offices</b> <b>223 W Jackson Blvd Ste 900</b> <b>Chicago, IL 60606-6912</b>						<b>82.00</b>

Sheet no. 14 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,554.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Dominicks Finer Foods</b>		<b>Assignee or other notification for: Merchants Credit Guide Co.</b>				
ACCOUNT NO. <b>8501563989</b> <b>Midland Credit Management</b> <b>PO Box 93901</b> <b>San Diego, CA 92193</b>						<b>1,655.00</b>
ACCOUNT NO. <b>Miles Square</b> <b>2045 W Washington Blvd</b> <b>Chicago, IL 60612-2428</b>		<b>7/8/06</b>				<b>272.00</b>
ACCOUNT NO. <b>11633</b> <b>Mimatiz MD.DM Shenker, MDSL</b> <b>1431 N Western Ave # 300</b> <b>Chicago, IL 60622-1797</b>		<b>April, 2002</b>				<b>1,500.00</b>
ACCOUNT NO. <b>14580</b> <b>Moline Bryan MD</b> <b>75 Remittance Dr.</b> <b>Chicago, IL 60675-1001</b>		<b>04/00</b>				<b>96.49</b>
ACCOUNT NO. <b>10707007050</b> <b>Nationwide Credit And Co</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>Open account opened 2/05</b>				<b>3,786.00</b>
ACCOUNT NO. <b>10910037754</b> <b>Nationwide Credit And Co</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>Open account opened 1/06</b>				<b>502.00</b>

Sheet no. **15** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **7,811.49**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$



IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>10910046228</b> <b>Nationwide Credit And Co</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>Open account opened 4/06</b>				<b>118.00</b>
ACCOUNT NO. <b>010794014371</b> <b>Nationwide Credit Collection</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>10/15/03</b>				<b>28.13</b>
ACCOUNT NO. <b>NNB871</b> <b>Nco Financial Systems</b> <b>Dept. 22</b> <b>Trenton, NJ 08650-4909</b>						<b>357.18</b>
ACCOUNT NO. <b>Nco Financial Systems</b> <b>PO Box 15270</b> <b>Wilmington, DE 19850-5270</b>		<b>Assignee or other notification for:</b> <b>Nco Financial Systems</b>				
ACCOUNT NO. <b>1-09112178</b> <b>Nco Financial Systems</b> <b>605 W Edison Rd Ste K</b> <b>Mishawaka, IN 46545-8823</b>						<b>1,339.05</b>
ACCOUNT NO. <b>Rush Oak Park Hospital</b> <b>112 S Humphrey Ave</b> <b>Oak Park, IL 60302-2711</b>		<b>Assignee or other notification for:</b> <b>Nco Financial Systems</b>				
ACCOUNT NO. <b>4447-9601-2093-4912</b> <b>Nco Financial Systems</b> <b>PO Box 26171</b> <b>Guasti, CA 91743</b>		<b>June 2004</b>				<b>614.07</b>

Sheet no. 16 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,456.43**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>First National Bank Of Marin</b> <b>PO Box 98873</b> <b>Las Vegas, NV 89193-8873</b>		<b>Assignee or other notification for:</b> <b>Nco Financial Systems</b>				
ACCOUNT NO. <b>0000-52045358-001</b> <b>Northwestern Hospital</b>		<b>March 2002</b>				<b>331.75</b>
ACCOUNT NO. <b>Pellettieri &amp; Associates</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>		<b>Assignee or other notification for:</b> <b>Northwestern Hospital</b>				
ACCOUNT NO. <b>11476994</b> <b>Northwestern Medical Faculty</b> <b>PO Box 598148</b> <b>Chicago, IL 60659-8148</b>		<b>Jan 2002</b>				<b>83.90</b>
ACCOUNT NO. <b>RPM IN</b> <b>PO Box 598148</b> <b>Chicago, IL 60659-8148</b>		<b>Assignee or other notification for:</b> <b>Northwestern Medical Faculty</b>				
ACCOUNT NO. <b>12307003</b> <b>Northwestern Medical Faculty Foundatoin</b> <b>PO Box 598148</b> <b>Chicago, IL 60659-8148</b>		<b>Sept 2002</b>				<b>89.96</b>
ACCOUNT NO. <b>RPM Inc.</b>		<b>Assignee or other notification for:</b> <b>Northwestern Medical Faculty Foundatoin</b>				

Sheet no. 17 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **505.61**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>29630</b> <b>Oak Park Cardiology</b> <b>7411 North Ave Ste 2110</b> <b>River Forest, IL 60305-1131</b>		<b>May 2006</b>				<b>763.00</b>
ACCOUNT NO. <b>H06171110</b> <b>Oak Park Hospital</b> <b>PO Box 1407</b> <b>Bridgeview, IL 60455-0407</b>		<b>4/30/02</b>				<b>1,378.00</b>
ACCOUNT NO. <b>H08652562</b> <b>Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>4/2/05</b>				<b>52.56</b>
ACCOUNT NO. <b>H-08813198</b> <b>Oak Park Hospital</b> <b>PO Box 7076</b> <b>Chicago, IL 60673-0001</b>						<b>740.56</b>
ACCOUNT NO. <b>01M1112797</b> <b>Oak Park Hospital</b> <b>Oak Park, IL 60302</b>						<b>641.00</b>
ACCOUNT NO. <b>H06158711</b> <b>Oak Park Hospital</b> <b>PO Box 70769</b> <b>Chicago, IL 60673-0769</b>		<b>5/4/02</b>				<b>159.00</b>
ACCOUNT NO. <b>H04726725</b> <b>Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>6/2000</b>				<b>318.00</b>

Sheet no. **18** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **4,052.12**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

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IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>TRSI</b> <b>PO Box 2170</b> <b>Aurora, IL 60507-2170</b>		<b>Assignee or other notification for:</b> <b>Oak Park Hospital</b>				
ACCOUNT NO. <b>H06405286</b> <b>Oak Park Hospital</b> <b>PO Box 70769</b> <b>Chicago, IL 60673-0769</b>		<b>8/02</b>				<b>135.69</b>
ACCOUNT NO. <b>7273884-233 / H07483852</b> <b>Oak Park Hospital</b> <b>Cash Flow Consultants</b> <b>PO Box 1527</b> <b>Bridgeview, IL 60455-0407</b>						<b>97.29</b>
ACCOUNT NO. <b>Cash Flow Consultants</b>		<b>Assignee or other notification for:</b> <b>Oak Park Hospital</b>				
ACCOUNT NO. <b>6798337.25</b> <b>Oak Park Hospital</b>						<b>118.27</b>
ACCOUNT NO. <b>Cash Flow Consultants</b> <b>PO Box 1527</b> <b>Bridgeview, IL 60455-0527</b>		<b>Assignee or other notification for:</b> <b>Oak Park Hospital</b>				
ACCOUNT NO. <b>H07193303</b> <b>Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>Aug 2003</b>				<b>440.39</b>

Sheet no. **19** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **791.64**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

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IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>H06590012</b> <b>Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>Nov 2003</b>				<b>18,059.00</b>
ACCOUNT NO. <b>H06328629</b> <b>Oak Park Hospital</b> <b>PO Box 70769</b> <b>Chicago, IL 60673-0769</b>		<b>12/2002</b>				<b>34.29</b>
ACCOUNT NO. <b>H04069555</b> <b>Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>July 1999</b>				<b>31.60</b>
ACCOUNT NO. <b>H04197588</b> <b>Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>7/99</b>				<b>16.79</b>
ACCOUNT NO. <b>H06619639</b> <b>Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>11/02</b>				<b>47.91</b>
ACCOUNT NO. <b>6726318256</b> <b>Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>2/2003</b>				<b>318.00</b>
ACCOUNT NO. <b>Cash Flow Consultants</b> <b>PO Box 1527</b> <b>Bridgeview, IL 60455-0527</b>		<b>Assignee or other notification for:</b> <b>Oak Park Hospital</b>				

Sheet no. 20 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **18,507.59**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Oak Park Hospital 520 S Maple Ave Oak Park, IL 60304-1022</b>						<b>228.50</b>
ACCOUNT NO. <b>Cash Flow Consultants PO Box 1527 Bridgeview, IL 60455-0527</b>		<b>Assignee or other notification for: Oak Park Hospital</b>				
ACCOUNT NO. <b>H05987540</b> <b>Oak Park Hospital 520 S Maple Ave Oak Park, IL 60304-1022</b>		<b>Sept 2002</b>				<b>553.00</b>
ACCOUNT NO. <b>Cash Flow Consultants PO Box 1527 Bridgeview, IL 60455-0527</b>		<b>Assignee or other notification for: Oak Park Hospital</b>				
ACCOUNT NO. <b>063717</b> <b>Oak Park Physicians 1730 Park St Ste 101 Naperville, IL 60563-1290</b>		<b>5/25/05</b>				<b>20.00</b>
ACCOUNT NO. <b>12-54902</b> <b>PCC Community Wellness 2010 N Harlem Ave Elmwood Park, IL 60707-3119</b>		<b>6/2006</b>				<b>100.00</b>
ACCOUNT NO. <b>650004599</b> <b>Peoples Engy 130 E Randolph St Chicago, IL 60601-6207</b>		<b>Open account opened 11/06</b>				<b>2,554.47</b>

Sheet no. 21 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,455.97**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2214</b> <b>PM Music Center</b> <b>7627 Lake St Ste 210</b> <b>River Forest, IL 60305-1878</b>						<b>260.00</b>
ACCOUNT NO. <b>Dependon Collection</b> <b>7627 Lake St Ste 210</b> <b>River Forest, IL 60305-1878</b>		<b>Assignee or other notification for:</b> <b>PM Music Center</b>				
ACCOUNT NO. <b>T24481-FNW</b> <b>Premier Bankcard IN</b> <b>2221 Niagara Falls Blvd</b> <b>Niagara Falls, NY 14304-5709</b>						<b>583.99</b>
ACCOUNT NO. <b>J.C. Christensen &amp; Assoc.</b> <b>PO Box 519</b> <b>Sauk Rapids, MN 56379-0519</b>		<b>Assignee or other notification for:</b> <b>Premier Bankcard IN</b>				
ACCOUNT NO. <b>3589411</b> <b>Profess Acct</b> <b>633 W Wisconsin Ave</b> <b>Milwaukee, WI 53203-1918</b>		<b>Open account opened 8/03</b>				<b>50.00</b>
ACCOUNT NO. <b>3007458</b> <b>Professional Account Management</b> <b>PO Box 391</b> <b>Milwaukee, WI 53201-0391</b>		<b>Nov 2002</b>				<b>30.00</b>
ACCOUNT NO. <b>Village Of Oak Park</b> <b>123 Madison St</b> <b>Oak Park, IL 60302-4205</b>		<b>Assignee or other notification for:</b> <b>Professional Account Management</b>				

Sheet no. 22 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **923.99**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3589411</b> <b>Professional Acct</b> <b>11019 N. Towne</b> <b>Thiensville, WI 53092</b>						<b>50.00</b>
ACCOUNT NO. <b>49385</b> <b>Professional Anesthesia</b> <b>185 Penny Ave</b> <b>East Dundee, IL 60118-1454</b>		<b>6/29/06</b>				<b>720.00</b>
ACCOUNT NO. <b>1856</b> <b>Public Storage Inc.</b> <b>300 Corporate Exchange</b> <b>Columbus, OH 43231</b>		<b>12/3/05</b>				<b>65.00</b>
ACCOUNT NO. <b>Allied International</b>		<b>Assignee or other notification for:</b> <b>Public Storage Inc.</b>				
ACCOUNT NO. <b>014561830194</b> <b>Publishers Clearing House</b> <b>PO Box 400491</b> <b>Des Moines, IA 50340-0491</b>		<b>5/28/04</b>				<b>39.75</b>
ACCOUNT NO. <b>946766</b> <b>Radiology Consultants</b>						<b>49.23</b>
ACCOUNT NO. <b>KCA Financial Services</b> <b>628 North St</b> <b>Geneva, IL 60134-1356</b>		<b>Assignee or other notification for:</b> <b>Radiology Consultants</b>				

Sheet no. **23** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **923.98**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>92610</b> <b>Radiology Consultants</b> <b>1730 Park St</b> <b>Naperville, IL 60563-2688</b>						<b>39.00</b>
ACCOUNT NO. <b>8501563989</b> <b>Resurgent Capital Services</b> <b>PO Box 5025</b> <b>Sioux Falls, SD 57117-5025</b>						<b>1,668.96</b>
ACCOUNT NO. <b>Household / UICI / AFCA</b>		<b>Assignee or other notification for: Resurgent Capital Services</b>				
ACCOUNT NO. <b>60042</b> <b>Rmi/mcsi</b> <b>3348 Ridge Rd</b> <b>Lansing, IL 60438-3112</b>		<b>Open account opened 3/04</b>				<b>150.00</b>
ACCOUNT NO. <b>06619639</b> <b>Rush Oak Park</b> <b>100 W Roosevelt Rd # B-7</b> <b>Wheaton, IL 60187-5260</b>		<b>11/15/02</b>				<b>47.91</b>
ACCOUNT NO. <b>73-7699151</b> <b>Rush Oak Park ER Physicians</b> <b>38954 Eagle Way</b> <b>Chicago, IL 60678-1389</b>						<b>261.00</b>
ACCOUNT NO. <b>73-7699151</b> <b>Rush Oak Park Hospital</b> <b>38954 Eagleway</b> <b>Chicago, IL 60678-1389</b>		<b>5/15/06</b>				<b>0.00</b>

Sheet no. 24 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **2,166.87**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>H-09434283</b> <b>Rush Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>2/06</b>				<b>1,414.18</b>
ACCOUNT NO. <b>M R S I</b> <b>250 E. Devon</b> <b>Des Plaines, IL 60018</b>		<b>Assignee or other notification for:</b> <b>Rush Oak Park Hospital</b>				
ACCOUNT NO. <b>H 09112178</b> <b>Rush Oak Park Hospital</b>		<b>10/05</b>				<b>1,075.43</b>
ACCOUNT NO. <b>Medical Recovery Specialists, Inc.</b> <b>2250 E Devon Ave Ste 352</b> <b>Des Plaines, IL 60018-4521</b>		<b>Assignee or other notification for:</b> <b>Rush Oak Park Hospital</b>				
ACCOUNT NO. <b>8564013</b> <b>SBC Midwest Consumer</b> <b>PO Box 806</b> <b>Norwell, MA 02061-0806</b>						<b>407.18</b>
ACCOUNT NO. <b>Cca</b> <b>PO Box 806</b> <b>Norwell, MA 02061-0806</b>		<b>Assignee or other notification for:</b> <b>SBC Midwest Consumer</b>				
ACCOUNT NO. <b>96M1-134080</b> <b>Sears</b>		<b>9/1996</b>				<b>2,053.69</b>

Sheet no. **25** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **4,950.48**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

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IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Lawrence Friedman, PC</b> <b>19 S Lasalle St 10th Fl</b> <b>Chicago, IL 60603-1401</b>		<b>Assignee or other notification for:</b> <b>Sears</b>				
ACCOUNT NO. <b>004651</b> <b>Senex Service</b> <b>PO Box 90199</b> <b>Indianapolis, IN 46290-0199</b>		<b>10/03/03</b>				<b>468.75</b>
ACCOUNT NO. <b>ST204Q81V745AC</b> <b>Sinai Hospital</b> <b>3359 Paysphere Circle</b> <b>Chicago, IL 60674-0033</b>		<b>10/7/04</b>				<b>1,199.00</b>
ACCOUNT NO. <b>2290-000112717509</b> <b>Sinai Medical</b> <b>2750 W 15th Pl</b> <b>Chicago, IL 60608-1704</b>		<b>Aug 2004</b>				<b>3,786.90</b>
ACCOUNT NO. <b>SC0000189149</b> <b>Sinai Medical Group</b> <b>3537 Paysphere Circle</b> <b>Chicago, IL 60674-0035</b>		<b>8/11/04</b>				<b>295.00</b>
ACCOUNT NO. <b>Sinai Medical Group</b> <b>3537 Paysphere Circle</b> <b>Chicago, IL 60674-0035</b>		<b>Assignee or other notification for:</b> <b>Sinai Medical Group</b>				
ACCOUNT NO. <b>SC0000189149-43/ 44</b> <b>Sinai Physician Group</b>		<b>10/2006</b>				<b>275.00</b>

Sheet no. 26 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **6,024.65**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Pelle Hierl &amp; Assoc.</b> <b>PO Box 505</b> <b>Linden, MI 48451-0505</b>		<b>Assignee or other notification for:</b> <b>Sinai Physician Group</b>				
ACCOUNT NO. <b>E03-0712</b> <b>Sir Finance Corp</b> <b>6140 N Lincoln Ave</b> <b>Chicago, IL 60659-2317</b>		<b>July 2003</b>				<b>3,753.06</b>
ACCOUNT NO. <b>Glass &amp; Weber, P.C.</b>		<b>Assignee or other notification for:</b> <b>Sir Finance Corp</b>				
ACCOUNT NO. <b>St. Luke's Medical Center</b> <b>PO Box 73472</b>						<b>155.00</b>
ACCOUNT NO. <b>188983</b> <b>Suburban Health Care Physicians</b> <b>52256 Eagle Way</b> <b>Chicago, IL 60678-0001</b>		<b>Aug 2005</b>				<b>400.00</b>
ACCOUNT NO. <b>013284</b> <b>Summit Digestive And Liver</b> <b>PO Box 3683</b> <b>Oak Brook, IL 60523</b>						<b>828.21</b>
ACCOUNT NO. <b>7736221638</b> <b>Talk And Go</b> <b>5901 E 38th St</b> <b>Indianapolis, IN 46218-1823</b>		<b>10/04</b>				<b>102.86</b>

Sheet no. 27 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,239.13**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>The City Of Chicago Emergency Medical Service</b>						<b>258.00</b>
ACCOUNT NO. <b>Harris &amp; Harris 600 W Jackson Blvd Ste 700 Chicago, IL 60661-5629</b>		<b>Assignee or other notification for: The City Of Chicago</b>				
ACCOUNT NO. <b>1150094447440</b> <b>Tri-Cap Recovery 5 Industrial Way Salem, NH 03079-4866</b>						<b>750.05</b>
ACCOUNT NO. <b>Creditors Interchange</b>		<b>Assignee or other notification for: Tri-Cap Recovery</b>				
ACCOUNT NO. <b>040819860078-0394</b> <b>Troll Book Club</b>						<b>11.90</b>
ACCOUNT NO. <b>Eastern Collection Corporation 1626 Locust Ave. Bohemia, NY 11716-0479</b>		<b>Assignee or other notification for: Troll Book Club</b>				
ACCOUNT NO. <b>15296076</b> <b>United Collection Bureau 5620 Southwyck Blvd Toledo, OH 43614-1501</b>		<b>Installment account opened 11/05</b>				<b>569.00</b>

Sheet no. 28 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,588.95**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>15717103</b> <b>United Collection Bureau</b> <b>5620 Southwyck Blvd</b> <b>Toledo, OH 43614-1501</b>		<b>Installment account opened 1/06</b>				<b>539.00</b>
ACCOUNT NO. <b>15527369</b> <b>United Collection Bureau</b> <b>5620 Southwyck Blvd</b> <b>Toledo, OH 43614-1501</b>		<b>Installment account opened 12/05</b>				<b>342.00</b>
ACCOUNT NO. <b>91500</b> <b>US Employee Credit Union</b> <b>230 N. Dearborn</b> <b>Chicago, IL 60604</b>		<b>1/1995, 4/1999</b>				<b>585.00</b>
ACCOUNT NO. <b>0042</b> <b>Village Of Forest Park</b> <b>3348 Ridge Rd</b> <b>Lansing, IL 60438-3112</b>		<b>3/2004</b>				<b>150.00</b>
ACCOUNT NO. <b>Rmi/Mcsi</b> <b>3348 Ridge Rd</b> <b>Lansing, IL 60438-3112</b>		<b>Assignee or other notification for:</b> <b>Village Of Forest Park</b>				
ACCOUNT NO. <b>TW4101743</b> <b>Village Of Oak Park</b> <b>PO Box 2730</b> <b>Huntington Beach, CA 92647-2730</b>		<b>Feb 2007</b>				<b>40.00</b>
ACCOUNT NO. <b>TW4437825</b> <b>Village Of Oak Park</b> <b>PO Box 2730</b> <b>Huntington Beach, CA 92647-2730</b>		<b>6/5/07</b>				<b>120.00</b>

Sheet no. **29** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,776.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>01-02-00945777</b> <b>Village Radiology</b> <b>121 N Marion St Ste 21</b> <b>Oak Park, IL 60301-1061</b>		<b>2/8/06</b>				<b>78.00</b>
ACCOUNT NO. <b>4849</b> <b>Vyridian Revenue</b> <b>PO Box 802089</b> <b>Chicago, IL 60680-2089</b>		<b>3/8/07</b>				<b>151.00</b>
ACCOUNT NO. <b>M3 Financial Services</b> <b>PO Box 802089</b> <b>Chicago, IL 60680-2089</b>		<b>Assignee or other notification for:</b> <b>Vyridian Revenue</b>				
ACCOUNT NO. <b>1560043247428</b> <b>Washington Mutual</b> <b>PO Box 1093</b> <b>Northridge, CA 91328-1093</b>		<b>Mortgage account opened 3/01</b>				<b>118,951.00</b>
ACCOUNT NO. <b>7428</b> <b>Washington Mutual</b> <b>PO Box 1093</b> <b>Northridge, CA 91328-1093</b>		<b>7/10/03</b>				<b>7,130.00</b>
ACCOUNT NO. <b>A10067093</b> <b>West Suburban Eye Assoc.</b> <b>1 Erie Ct Ste 6140</b> <b>Oak Park, IL 60302-2510</b>		<b>May 2007</b>				<b>255.00</b>
ACCOUNT NO. <b>42448837</b> <b>West Suburban Health Care</b> <b>PO Box 4746</b> <b>Carol Stream, IL 60197-4746</b>		<b>11/4/03</b>				<b>140.66</b>

Sheet no. **30** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **126,705.66**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>42395074 / 42261693</b> <b>West Suburban Health Care</b> <b>Dept. 4746</b> <b>Carol Stream, IL 60122-0001</b>		<b>11/23/03</b>				<b>650.91</b>
ACCOUNT NO. <b>H0125455</b> <b>West Suburban Health Care</b> <b>1000 W Lake St Ste 203</b> <b>Oak Park, IL 60301-1131</b>		<b>9/19/05</b>				<b>148.35</b>
ACCOUNT NO. <b>West Suburban Health Care</b> <b>Professional Receivables</b> <b>7411 Lake St Ste L140</b> <b>River Forest, IL 60305-1888</b>						<b>70.46</b>
ACCOUNT NO. <b>West Suburban Health Care</b> <b>35001 Eagle Way</b>		<b>Assignee or other notification for:</b> <b>West Suburban Health Care</b>				
ACCOUNT NO. <b>42261693</b> <b>West Suburban Health Care</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>9/13/03</b>				<b>297.91</b>
ACCOUNT NO. <b>002-50117</b> <b>West Suburban Hospital</b> <b>34124 Eagle Way</b> <b>Chicago, IL 60678-1341</b>		<b>1/8/04</b>				<b>798.00</b>
ACCOUNT NO. <b>45532611</b> <b>West Suburban Medical Center</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>11/10/04</b>				<b>1,458.52</b>

Sheet no. 31 of 34 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,424.15**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>489948993268</b> <b>West Suburban Medical Center</b>						<b>913.06</b>
ACCOUNT NO. <b>47672811</b> <b>West Suburban Medical Center</b> <b>Dept. 4746</b> <b>Carol Stream, IL 60122-0001</b>						<b>6,970.89</b>
ACCOUNT NO. <b>53016275</b> <b>West Suburban Medical Center</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>3/1/07</b>				<b>114.00</b>
ACCOUNT NO. <b>47571872</b> <b>West Suburban Medical Center</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>4/3/07</b>				<b>131.49</b>
ACCOUNT NO. <b>9485455</b> <b>West Suburban Medical Center</b> <b>Oak Lawn, IL 60454</b>		<b>12/2006</b>				<b>282.39</b>
ACCOUNT NO. <b>ICS Collection</b> <b>PO Box 646</b> <b>Oak Lawn, IL 60454-0646</b>		<b>Assignee or other notification for:</b> <b>West Suburban Medical Center</b>				
ACCOUNT NO. <b>52340890</b> <b>West Suburban Medical Center</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>12/2006</b>				<b>388.30</b>

Sheet no. **32** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **8,800.13**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

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IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8603401-48-244404</b> <b>West Suburban Medical Center</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>						<b>9,252.35</b>
ACCOUNT NO. <b>ICS Collection</b> <b>PO Box 646</b> <b>Oak Lawn, IL 60454-0646</b>		<b>Assignee or other notification for:</b> <b>West Suburban Medical Center</b>				
ACCOUNT NO. <b>52127826</b> <b>West Suburban Medical Center</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>12/06</b>				<b>62.00</b>
ACCOUNT NO. <b>48244404</b> <b>West Suburban Medical Center</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>8/30/05</b>				<b>9,252.35</b>
ACCOUNT NO. <b>48993265</b> <b>West Suburban Medical Center</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>2/21/06</b>				<b>12,316.55</b>
ACCOUNT NO. <b>West Suburban Physician Service</b> <b>7627 Lake St</b> <b>River Forest, IL 60305-1878</b>						<b>200.00</b>
ACCOUNT NO. <b>Dependon Collection</b> <b>7627 Lake St</b> <b>River Forest, IL 60305-1878</b>		<b>Assignee or other notification for:</b> <b>West Suburban Physician Service</b>				

Sheet no. **33** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **31,083.25**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>23045</b> <b>Westside Emergency Physicians</b> <b>75 Remit Dr. Lock Box 6322</b> <b>Chicago, IL 60675-0001</b>		<b>11/6/05</b>				<b>342.00</b>
ACCOUNT NO. <b>7369</b> <b>Westside Emergency Physicians</b> <b>5620 Southwyck Blvd</b> <b>Toledo, OH 43614-1501</b>		<b>12/2005</b>				<b>342.00</b>
ACCOUNT NO. <b>United Collection Bureau</b> <b>5620 Southwyck Blvd</b> <b>Toledo, OH 43614-1501</b>		<b>Assignee or other notification for:</b> <b>Westside Emergency Physicians</b>				
ACCOUNT NO. <b>21727</b> <b>Westside Emergency Physicians</b> <b>75 Remit Dr. Lock Box 6322</b> <b>Chicago, IL 60675-0001</b>		<b>10/1/05</b>				<b>569.00</b>
ACCOUNT NO. <b>0014943 WPA</b> <b>Westside Pathology</b> <b>Dept. 2050</b> <b>Carol Stream, IL 60188-7165</b>		<b>Aug. 2005</b>				<b>340.40</b>
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **34** of **34** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,593.40**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$ **286,597.86**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Granddaughter</b> <b>Grandson</b> <b>Grandson</b>	AGE(S): <b>15</b> <b>13</b> <b>11</b>
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>Retired</b>	

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ _____	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____
<b>3. SUBTOTAL</b>	<b>\$ 0.00</b>	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 0.00</b>	\$ _____
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 0.00</b>	\$ _____
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) <b>DCFS</b>	\$ <b>1,299.00</b>	\$ _____
12. Pension or retirement income	\$ <b>1,800.00</b>	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ 3,099.00</b>	\$ _____
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 3,099.00</b>	\$ _____
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 3,099.00</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 600.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 225.00
b. Water and sewer	\$
c. Telephone	\$ 95.00
d. Other <u>Cell Phone</u>	\$ 150.00
<u>Internet</u>	\$ 30.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 750.00
5. Clothing	\$ 200.00
6. Laundry and dry cleaning	\$ 85.00
7. Medical and dental expenses	\$ 50.00
8. Transportation (not including car payments)	\$ 300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 100.00
10. Charitable contributions	\$ 100.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 80.00
e. Other _____	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other _____	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other <u>See Schedule Attached</u>	\$ 365.00
_____	\$
_____	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 3,130.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 3,099.00
b. Average monthly expenses from Line 18 above	\$ 3,130.00
c. Monthly net income (a. minus b.)	\$ -31.00

IN RE Harper, Deborah A

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

Other Expenses

<b>Personal Care And Grooming</b>	<b>150.00</b>
<b>Routine Vehicle Maintenance</b>	<b>50.00</b>
<b>Bank Fees &amp; Postage</b>	<b>15.00</b>
<b>Pet Supplies</b>	<b>75.00</b>
<b>School Expenses</b>	<b>75.00</b>



IN RE Harper, Deborah A

Debtor(s)

Case No. \_\_\_\_\_

(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 49 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: January 25, 2008 Signature: /s/ Deborah A Harper  
Deborah A Harper

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Harper, Deborah A

Chapter 7

Debtor(s)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
10,000.00	Estimated 2005 income from employment
5,965.00	Estimated 2006 income from employment
0.00	Estimated 2007 income from employment (monthly)
36,000.00	Estimated 2006 income from Pension and DCFS
3,099.00	Estimated 2007 income from Pension and DCFS (monthly)

#### 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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Gleason And Gleason LLC  
77 W Washington, Ste 1218  
Chicago, IL 60602

556.00

**10. Other transfers**

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**12. Safe deposit boxes**

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

None ☒ List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**16. Spouses and Former Spouses**

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: January 25, 2008 Signature /s/ Deborah A Harper  
of Debtor **Deborah A Harper**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Harper, Deborah A

Case No. \_\_\_\_\_

Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
None					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
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01/25/2008

Date

/s/ Deborah A Harper

Deborah A Harper

Debtor

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Case No. \_\_\_\_\_

Harper, Deborah A

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 164

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: January 25, 2008

/s/ Deborah A Harper

Debtor

\_\_\_\_\_  
Joint Debtor

Harper, Deborah A  
644 N Drake Ave  
2nd Flr  
Chicago, IL 60624-1359

Aspen/fb And T  
245 Perimeter Center Pk  
Atlanta, GA 30346

Chicago-Hamlin Family Practice  
3700 W Chicago Ave  
Chicago, IL 60651-3820

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

AT & T  
PO Box 806  
Norwell, MA 02061-0806

Chicagoland Emergency Phys  
PO Box 46249  
Chicago, IL 60646-0249

Aarow Financial Services  
5996 W Touhy Ave  
Niles, IL 60714-4610

At&T Broadband  
13355 Noel Rd  
Dallas, TX 75240-6602

CitiFinancial Mortgage  
4050 Regent Blvd  
Irving, TX 75063-2246

Allied Int  
300 Corporate Exch  
Columbus, OH 43231

Bally Total Fitness  
12440 Imperial Hwy Ste 3  
Norwalk, CA 90650-3177

City Of Chicago  
33589 Treasury  
Chicago, IL 60694-3500

American Credit Educators  
2000 S Colorado Blvd  
Denver, CO 80222-7900

Cash Flow Consultants  
PO Box 1527  
Bridgeview, IL 60455-0527

City Of Chicago - Dept. Of Revenue  
33589 Treasury Center  
Chicago, IL 60694-3500

American Fair Credit  
2000 S Colorado Blvd  
Denver, CO 80222-7900

Cca  
PO Box 806  
Norwell, MA 02061-0806

City Of Chicago - EMS  
Revenue  
PO Box 805030  
Chicago, IL 60680-4111

Americas Recovery Network  
100 Crisler Ave Ste 202  
Crescent Springs, KY 41017-1639

Check Plus Systems  
PO Box 33698  
San Antonio, TX 78278-2408

Coll R & C Bur  
5834 Monroe St  
Sylvania, OH 43560-2267

Argent Healthcare Financial Service, Inc  
PO Box 33889  
Chicago, IL 60659

Chicago OTU Head And Neck Surgery  
25 E Washington St Ste 820  
Chicago, IL 60602-1700

Collecto / Credit Pac  
PO Box 608  
Tinley Park, IL 60477-0608

Armor Systems Co  
1700 Kiefer Dr Ste 1  
Zion, IL 60099-5105

Chicago Sun-Times  
350 N Orleans St  
Chicago, IL 60654-1975

Com Ed  
Bill Payment Ctr  
Chicago, IL 60668-0001

ARS  
1699 Wall St  
Mt Prospect, IL 60056-6213

Chicago-Hamlin Family Practice  
641 E Butterfield Rd Ste 407  
Lombard, IL 60148-5605

Crd Prt Asso  
13355 Noel Rd  
Dallas, TX 75240-6602



Credit Collection Services  
PO Box 55126  
Boston, MA 02205-5126

Exelon ComEd  
4839 N Elston Ave  
Chicago, IL 60630-2534

H And F Law  
33 N Lasalle St Ste 1200  
Chicago, IL 60602-3415

Credit Protection Assoc  
13355 Noel Rd Ste 2100  
Dallas, TX 75240-6837

Family Readers Services  
PO Box 1469  
Elyria, OH 44036-1469

Harris & Harris  
600 W Jackson Blvd Ste 700  
Chicago, IL 60661-5629

Dependon Collection  
7627 Lake St Ste 210  
River Forest, IL 60305-1878

First National Bank Of Marin  
1699 Wall Street  
Las Vegas, NV 89193-8873

Harvard Coll  
4839 N Elston Ave  
Chicago, IL 60630-2534

Dependon Collection  
7627 Lake St  
River Forest, IL 60305-1878

First National Bank Of Marin  
PO Box 98873  
Las Vegas, NV 89193-8873

Harvard Collection Services  
4839 N Elston Ave  
Chicago, IL 60630-2534

Dependon Collection Se  
7627 Lake St Ste 210  
River Forest, IL 60305-1878

First Premier Bank  
601 S Minnesota Ave  
Sioux Falls, SD 57104-4824

Heller & Frisone  
33 N Lasalle St Ste 1200  
Chicago, IL 60602-3415

Dinak-Ahomka-Lindsay  
7700 Madison St  
River Forest, IL 60305-2102

Fort Communication, Inc.  
PO Box 31607  
Chicago, IL 60631-0607

Horizon Emergency Medical Physicians Gro  
725 S Wells St  
Chicago, IL 60607-4521

Dr. Acezr-Leynes  
1375 E Woodfield Rd Ste 110  
Schaumburg, IL 60173-5423

Goldman & Grant  
134 N Lasalle St # 1717  
Chicago, IL 60602-1086

Horizon Emergency Medicine  
725 S Wells St  
Chicago, IL 60607-4521

Dr. Joseph A. La Spisn  
675 N. North #40  
Melrose Park, IL 60160

Gottie B. Community Health  
PO Box 74875  
Chicago, IL 60694-4875

Hsbc Nv  
Attn: Bankruptcy  
PO Box 19360  
Portland, OR 97280-0360

Duns Demand  
PO Box 5472  
Mount Laurel, NJ 08054-5472

Great Lakes Financial Service  
322 S Green St  
Chicago, IL 60607-3555

ICS Collection  
PO Box 646  
Oak Lawn, IL 60454-0646

Eastern Collection Corporation  
1626 Locust Ave.  
Bohemia, NY 11716-0479

Guideposts  
PO Box 856  
Carmel, NY 10512-0856

Ill Coll Svc  
4647 W 103rd St  
Oak Lawn, IL 60453-4779

J.C. Christensen & Assoc.  
PO Box 519  
Sauk Rapids, MN 56379-0519

M R S I  
250 E. Devon  
Des Plaines, IL 60018

Medical Collections  
725 S Wells St Ste 700  
Chicago, IL 60607-4578

Jewel Food Stores  
33 N Lasalle St Ste 1200  
Chicago, IL 60602-3415

M3 Financial Services  
PO Box 802089  
Chicago, IL 60680-2089

Medical Collections Sy  
725 S Wells St Ste 700  
Chicago, IL 60607-4578

K-Mart  
100 Crisler Ave  
Crescent Springs, KY 41017-1657

Macneal Hospital  
6804 Windsor  
Berwyn, IL 60402-3429

Medical Recovery Specialists, Inc.  
2250 E Devon Ave Ste 352  
Des Plaines, IL 60018-4521

KCA Financial Services  
628 North St  
Geneva, IL 60134-1356

Mail Handler  
PO Box 44242  
Jacksonville, FL 32231-4242

Merchant's Credit Guide Co.  
Executive Office  
223 W Jackson Blvd Ste 900  
Chicago, IL 60606-6912

Lawrence Friedman, PC  
19 S Lasalle St 10th Fl  
Chicago, IL 60603-1401

MCALLISTER & Assoc  
PO Box 59067  
Schaumburg, IL 60159-0067

Merchants Credit Guide Co.  
Executive Offices  
223 W Jackson Blvd Ste 900  
Chicago, IL 60606-6912

Loretto Hospital  
645 S Central Ave  
Chicago, IL 60644-5059

MCM Capital Household  
5 Industrial Way  
Salem, NH 03079-4866

Midland Credit Management  
PO Box 93901  
San Diego, CA 92193

Loyola Hospital  
2160 S 1st Ave  
Maywood, IL 60153-3328

MCS Collections, Inc  
725 S Wells St Ste 501  
Chicago, IL 60607-4516

Miles Square  
2045 W Washington Blvd  
Chicago, IL 60612-2428

Loyola University Health Systems  
9919 W Roosevelt Rd  
Westchester, IL 60154-2774

Med Busi Bur  
1460 Renaissance D Suite 400  
Park Ridge, IL 60068

Mimat MD.DM Shenker, MDSL  
1431 N Western Ave # 300  
Chicago, IL 60622-1797

Loyola University Medical Center  
2160 S 1st Ave  
Maywood, IL 60153-3328

Medical  
Fact Act  
Suppression,

Moline Bryan MD  
75 Remittance Dr.  
Chicago, IL 60675-1001

Loyola University Physician Foundation  
PO Box 98418  
Chicago, IL 60693-8418

Medical  
1460 Renaissance Dr  
Park Ridge, IL 60068-1331

Nationwide Credit And Co  
9919 W Roosevelt Rd  
Westchester, IL 60154-2774

Nationwide Credit & Collection  
9919 W Roosevelt Rd  
Westchester, IL 60154-2774

Oak Park Hospital  
520 S Maple Ave  
Oak Park, IL 60304-1022

Pellettieri & Associates  
991 Oak Creek Dr  
Lombard, IL 60148-6408

Nationwide Credit Collection  
9919 W Roosevelt Rd  
Westchester, IL 60154-2774

Oak Park Hospital  
PO Box 7076  
Chicago, IL 60673-0001

Peoples Engy  
130 E Randolph St  
Chicago, IL 60601-6207

Nco Financial Systems  
PO Box 15270  
Wilmington, DE 19850-5270

Oak Park Hospital  
Maple St.  
Oak Park, IL 60302

PM Music Center  
7627 Lake St Ste 210  
River Forest, IL 60305-1878

Nco Financial Systems  
Dept. 22  
Trenton, NJ 08650-4909

Oak Park Hospital  
Oak Park, IL 60302

Premier Bankcard IN  
2221 Niagara Falls Blvd  
Niagara Falls, NY 14304-5709

Nco Financial Systems  
605 W Edison Rd Ste K  
Mishawaka, IN 46545-8823

Oak Park Hospital  
PO Box 70769  
Chicago, IL 60673-0769

Profess Acct  
633 W Wisconsin Ave  
Milwaukee, WI 53203-1918

Nco Financial Systems  
PO Box 26171  
Guasti, CA 91743

Oak Park Hospital  
Cash Flow Consultants  
PO Box 1527  
Bridgeview, IL 60455-0407

Professional Account Management  
PO Box 391  
Milwaukee, WI 53201-0391

Northwestern Medical Faculty  
PO Box 598148  
Chicago, IL 60659-8148

Oak Park Physicians  
1730 Park St Ste 101  
Naperville, IL 60563-1290

Professional Acct  
11019 N. Towne  
Thiensville, WI 53092

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Chicago, IL 60659-8148

P.R.T.  
PO Box 450279  
Fort Lauderdale, FL 33345-0279

Professional Anesthesia  
185 Penny Ave  
East Dundee, IL 60118-1454

Oak Park Cardiology  
7411 North Ave Ste 2110  
River Forest, IL 60305-1131

PCC Community Wellness  
2010 N Harlem Ave  
Elmwood Park, IL 60707-3119

PRT  
PO Box 450279  
Fort Lauderdale, FL 33345-0279

Oak Park Hospital  
PO Box 1407  
Bridgeview, IL 60455-0407

Pelle Hieri & Assoc.  
PO Box 505  
Linden, MI 48451-0505

Public Storage Inc.  
300 Corporate Exchange  
Columbus, OH 43231

Publishers Clearing House  
PO Box 400491  
Des Moines, IA 50340-0491

Rush Oak Park Hospital  
38954 Eagleway  
Chicago, IL 60678-1389

Summit Digestive And Liver  
PO Box 3683  
Oak Brook, IL 60523

Radiology Consultants  
1730 Park St  
Naperville, IL 60563-2688

Rush Oak Park Hospital  
112 S Humphrey Ave  
Oak Park, IL 60302-2711

Talk And Go  
5901 E 38th St  
Indianapolis, IN 46218-1823

Resurgent Capital Services  
PO Box 5025  
Sioux Falls, SD 57117-5025

Rush Oak Park Hospital  
520 S Maple Ave  
Oak Park, IL 60304-1022

Tri-Cap Recovery  
5 Industrial Way  
Salem, NH 03079-4866

Resurrection Health Care  
3 Erie Ct  
Oak Park, IL 60302-2519

SBC Midwest Consumer  
PO Box 806  
Norwell, MA 02061-0806

TRSI  
PO Box 2170  
Aurora, IL 60507-2170

Rmi/mcsi  
3348 Ridge Rd  
Lansing, IL 60438-3112

Senex Service  
PO Box 90199  
Indianapolis, IN 46290-0199

United Collection Bureau  
5620 Southwyck Blvd  
Toledo, OH 43614-1501

Rmi/Mcsi  
3348 Ridge Rd  
Lansing, IL 60438-3112

Sinai Hospital  
3359 Paysphere Circle  
Chicago, IL 60674-0033

US Employee Credit Union  
230 N. Dearborn  
Chicago, IL 60604

Robert Perlstein  
160 N Lasalle St Ste N1000  
Chicago, IL 60601-3118

Sinai Medical  
2750 W 15th Pl  
Chicago, IL 60608-1704

Village Of Forest Park  
3348 Ridge Rd  
Lansing, IL 60438-3112

RPM IN  
PO Box 598148  
Chicago, IL 60659-8148

Sinai Medical Group  
3537 Paysphere Circle  
Chicago, IL 60674-0035

Village Of Oak Park  
PO Box 2730  
Huntington Beach, CA 92647-2730

Rush Oak Park  
100 W Roosevelt Rd # B-7  
Wheaton, IL 60187-5260

Sir Finance Corp  
6140 N Lincoln Ave  
Chicago, IL 60659-2317

Village Of Oak Park  
123 Madison St  
Oak Park, IL 60302-4205

Rush Oak Park ER Physicians  
38954 Eagle Way  
Chicago, IL 60678-1389

Suburban Health Care Physicians  
52256 Eagle Way  
Chicago, IL 60678-0001

Village Radiology  
121 N Marion St Ste 21  
Oak Park, IL 60301-1061

Vyridian Revenue  
PO Box 802089  
Chicago, IL 60680-2089

West Suburban Medical Center  
Dept. 4746  
Carol Stream, IL 60122-0001

Washington Mutual  
PO Box 1093  
Northridge, CA 91328-1093

West Suburban Medical Center  
Oak Lawn, IL 60454

West Suburban Eye Assoc.  
1 Erie Ct Ste 6140  
Oak Park, IL 60302-2510

West Suburban Physician Service  
7627 Lake St  
River Forest, IL 60305-1878

West Suburban Health Care  
PO Box 4746  
Carol Stream, IL 60197-4746

Westside Emergency Physicians  
75 Remit Dr. Lock Box 6322  
Chicago, IL 60675-0001

West Suburban Health Care  
Dept. 4746  
Carol Stream, IL 60122-0001

Westside Emergency Physicians  
5620 Southwyck Blvd  
Toledo, OH 43614-1501

West Suburban Health Care  
1000 W Lake St Ste 203  
Oak Park, IL 60301-1131

Westside Pathology  
Dept. 2050  
Carol Stream, IL 60188-7165

West Suburban Health Care  
Professional Receivables  
7411 Lake St Ste L140  
River Forest, IL 60305-1888

West Suburban Health Care  
3 Erie Ct  
Oak Park, IL 60302-2519

West Suburban Hospital  
34124 Eagle Way  
Chicago, IL 60678-1341

West Suburban Medical Center  
3 Erie Ct  
Oak Park, IL 60302-2519